

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1100'S, 860'W

7. UNIT AGREEMENT NAME

San Juan 29-5 Unit

8. FARM OR LEASE NAME

San Juan 29-5 Unit

9. WELL NO.

55

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 18, T-29-N, R-5-W
NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6593'GL

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

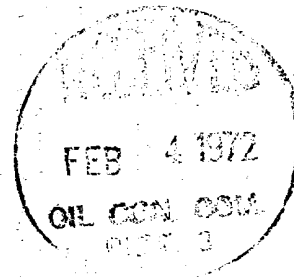
ABANDONMENT*

(Other)

Report Elevation ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*



RECEIVED

FEB 3 1972

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

18. I hereby certify that the foregoing is true and correct

SIGNED Original Signed F. H. WOOD

TITLE Petroleum Engineer

DATE February 1, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(With Instructions on Reverse Side)Form approved
Project Number No. 42-R-1215. PLATE DESIGNATION AND SERIAL NO.
SF 078277

6. INDIAN, ALLEGED, OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for a notice to drill or to deepen or plug back to a different reservoir.
Use APPLICATION FOR PERMIT TO DRILL FOR SUCH PURPOSES.)

1. OWNER WELL NO. 123456789 X OWNER	7. UNIT ABBREVIATION NAME San Juan 29-5 Unit
2. NAME OF COMPANY El Paso Natural Gas Company	8. FIELD OR LEASE NAME San Juan 29-5 Unit
3. ADDRESS OF COMPANY PO Box 999, Farmington, NM 87401	9. WELL NO. 55
4. Location of well (to part for state center) and in accordance with any State requirements. (See also State Regulations) At surface 1100'S, 860'W	10. FIELD AND FOOT, OR VULCAT Basin Dakota
14. PERMIT NO.	15. ELEVATIONS (Show whether DT, RT, GR, etc.) 6593'GL
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- 2-3-72: Spudded well. Drilled surface hole. Ran 6 joints 9 5/8", 32.3#, H-40 surface casing; 190' set at 204'. Cement with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 min.
- 2-9-72: T.D. 3841'; ran 121 joints 7", 20#, K-55 intermediate casing; 3827' set at 3841'. Cemented with 283 cu. ft. cement. Top of cement at 2720'. WOC 12 hours, held 1200#/30 min.
- 2-14-72: T.D. 8027'. Ran 249 joints 4 1/2", 11.6# and 10.5#, K-55 production casing; 8017' set at 8027'. Cemented with 653 cu. ft. cement. Top of cement at 2720'. WOC 18 hours.
- 3-28-72: PBTD 8015'. Perfed 7869-84', 7943-58', 7996-8006' with 15 shots per zone. Fraced with 40,000# 40/60 sand and 39,650 gallons treated water. Dropped 2 sets of 15 balls each. Flushed with 5400 gallons water.

18. I hereby certify that the foregoing is true and correct

SIGNED Original Signed F. H. WOOD

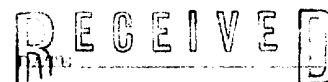
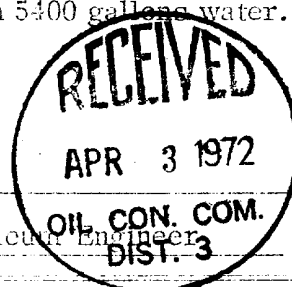
TITLE X Petroleum Engineer

DATE March 29, 1972

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



MAR 31 1972

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Name Of Company El Paso Natural Gas Company				Address PO Box 990, Farmington, NM 87401			
Lease San Juan 29-5 Unit		Well No. 55	Unit Letter M	Section 18	Township 29N	Range 5W	
Pool Basin Dakota					County Rio Arriba		

DEPTH	DEVIATION	DEPTH	DEVIATION
210'	1/4°	6810'	1/2°
1221'	1/2°	7322'	3/4°
1372'	1/2°	7885'	1°
2006'	1/4°		
2529'	1°		
3372'	3/4°		
3837'	1/2°		
4329'	1/2°		
4822'	1/2°		
5358'	1/4°		
5858'	1 1/2°		
6380'	1°		

I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report, and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief. 1972

OIL CO. COM.

Subscribed and sworn to before me this 11th day of April, 19 72.

Nora E. Succs

Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1972.

EL PASO NATURAL GAS COMPANY
OPEN FLOW TEST DATADATE April 5, 1972

Operator El Paso Natural Gas Company		Lease San Juan 29-5 Unit No. 55	
Location 1100'S - 860'W, Section 18, T29N, R5W		County Rio Arriba	State New Mexico
Formation Dakota		Pool Basin	
Casing: Diameter 4.500	Set At: Feet 8027	Tubing: Diameter 1.500	Set At: Feet 7977
Pay Zone: From 7869	To 8006	Total Depth: 8027	Shut In 3-29-72
Stimulation Method SWF		Flow Through Casing XXXX	Flow Through Tubing

Choke Size, Inches .750		Choke Constant: C 12.365			
Shut-In Pressure, Casing, PSIG 2727	+ 12 = PSIA 2739	Days Shut-In 7	Shut-In Pressure, Tubing PSIG 2727	+ 12 = PSIA 2739	
Flowing Pressure: P 261 PSIG	+ 12 = PSIA 273		Working Pressure: Pw 443 PSIG	+ 12 = PSIA 455	
Temperature: T = 66 °F	Ft = .9943	n = .75	Fpv (From Tables) 1.020	Gravity .590	Fg = 1.008

$$\text{CHOKE VOLUME} = Q = C \times P_f \times F_t \times F_g \times F_{pv}$$

$$Q = (12.365)(273)(.9943)(1.008)(1.020) = \underline{3451} \text{ MCF/D}$$

$$\text{OPEN FLOW} = Aof = Q \left(\frac{P_c^2}{P_c^2 - P_w^2} \right)^n$$

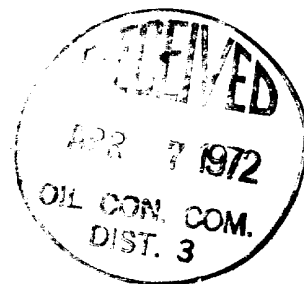
NOTE: This well produced a light spray of water and distillates throughout the test.

$$Aof = \left(\frac{7502121}{7295096} \right)^n = (1.0284)^{.75} (3451) = (1.0212)(3451) =$$

$$Aof = \underline{3524} \text{ MCF/D}$$

TESTED BY Dan Roberts

WITNESSED BY _____



H. E. McAnally
H. E. McAnally

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 29-5 Unit

8. FARM OR LEASE NAME

San Juan 29-5 Unit

9. WELL NO.

55

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREASec. 18, T-29-N, R-5-W
NMPM12. COUNTY OR
PARISH

Rio Arriba

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL
WELL ☐GAS
WELL ☒DRY ☐

Other

b. TYPE OF COMPLETION:

NEW
WELL ☒WORK
OVER ☐DEEP-
EN ☐PLUG
BACK ☐DIFF.
RESVR. ☐

Other

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

1100'S, 860'W

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2-3-72

16. DATE T.D. REACHED

2-13-72

17. DATE COMPL. (Ready to prod.)

4-5-72

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

6593'GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

8027'

21. PLUG, BACK T.D., MD & TVD

8015'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-8027'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

7869-8006'(Dakota)

25. WAS DIRECTIONAL
SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

FDC-GR-IES-Temp. Survey

27. WAS WELL CORED

no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32.3#	204'	13 3/4"	224 cu. ft.	
7"	20#	3841'	8 3/4"	283 cu. ft.	
4 1/2"	11.6&10.5#	8027'	6 1/4"	653 cu. ft.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKED (MD)
					1 1/2"	7977'	Dist. 3

31. PERFORATION RECORD (Interval, size and number)

7869-84', 7943-58', 7996-8006' with
15 shots per zone.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7869-8006'	40,000# sand, 39,650 gal. water

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		flowing				shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4-5-72	3 hrs.	3/4"	————→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
SI 2739	SI 2739	————→		3524 AOF		RECEIVED	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

WITNESSED BY

D. R. Roberts

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED Original Signed F. H. WOOD

TITLE Petroleum Engineer

DATE April 10, 1972

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliffs	3515'	
				Mesa Verde	5386'	
				Point Lookout	5719'	
				Gallup	6867'	
				Greenhorn	7680'	
				Graneros	7728'	
				Dakota	7867'	

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
El Paso Natural Gas Company
Address
PO Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 55	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee SF	Lease No. 078277
Location Unit Letter M ; 1100 Feet From The South Line and 860 Feet From The West Line of Section 18 Township 29N Range 5W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18
	Twp. 29N	Rge. 5W
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-3-72	Date Compl. Ready to Prod. 4-5-72		Total Depth 8027'		P.B.T.D. 8015'			
Elevations (DF, RKB, RT, GR, etc.) 6593'GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 7869'		Tubing Depth 7977'			
Perforations 7869-84', 7943-58', 7996-8006'					Depth Casing Shoe 8027'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		204'		224 cu. ft.			
8 3/4"	7"		3841'		283 cu. ft.			
6 1/4"	4 1/2"		8027'		653 cu. ft.			
	1 1/2"		7977'		tubing			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 3524	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 2739	Casing Pressure (Shut-in) 2739	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed F. H. WOOD

(Signature)

Petroleum Engineer

(Title)

April 11, 1972

(Date)

OIL CONSERVATION COMMISSION

APR 12 1972

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PERFORATION OFFICE		/

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Northwest Pipeline Corporation	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 55	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee <u>A</u>	Lease No. SF 078277
Location				
Unit Letter <u>M</u> ; <u>1100</u> Feet From The <u>South</u> Line and <u>860</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>18</u>
	Twp. <u>29N</u>	Rge. <u>5W</u>
	Is gas actually connected? <input type="checkbox"/> When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow Pump, Gas Lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

See instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well API No.
Address 300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 29-5 Unit	Well No. 55	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Free XXX XXX	Lease No.
Location Unit Letter M : 1100 Feet From The South Line and 860 Feet From The West Line Section 18 Township 29N Range 5W , NMPM Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, SLC, Utah 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Typ.	Rge.
		Is gas actually connected? When? Attn: Claire Potter

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED APR 01 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. DIV. DIST. 3
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *L. E. Robinson*
L. E. Robinson Sr. Drlg. & Prod. Engr.
Printed Name
Date **APR 01 1991** Telephone No. **(505) 599-3412**

OIL CONSERVATION DIVISION

APR 01 1991

Date Approved

By

Burt D. Shum

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.